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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module examines substance abuse by children aged 10 years and above. The module's learning objectives address: (1) family rules and coping mechanisms relevant to substance-abusing youth; (2) characteristics of adolescent substance abuse; (3) community resources and treatment programs; and (4) ways of managing substance-abusing adolescents. The module consists of five lectures which include reading materials, charts, and activities for individuals or groups. Lecture 1 provides an overview of adolescent substance use and abuse, and lecture 2 describes signs of adolescent substance abuse. The phenomenon of co-dependency, and traumas experienced by children in families in which substance abuse occurs, are considered in lecture 3. Lecture 4 explains appropriate responses by caseworkers and foster parents to substance-abusing foster children. Lecture 5 presents information about recovery from substance abuse; and about treatment programs for substance-abusing youth, including inpatient programs, outpatient services, after care or follow-up programs, therapeutic communities, and wilderness therapy provided by Outward Bound and similar programs. A form for evaluating the module is appended. (BC)

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FOSTERING FAMILIES

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Designed in Consultation with the Colorado Department of Social Services
Under Grant Number UAA7T7C0000001

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

DRINKING, DRUGS & YOUTH

USE AND ABUSE

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FOSTERING FAMILIES

is designed to improve the competencies of caseworkers and foster care parents in the areas of foster care placement, case management and supervision, case planning, and provide an understanding of the multiple-systems interfacing with families and out-of-home children.

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed in 3 1/2 and 4 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered for upper-division college classwork in the Social Work Department and Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

FOSTERING FAMILIES

INTRODUCTION

Fostering Families is a specialized foster care training program. Various important learning concepts related to families, youth and children are explored *within* the context of child welfare and protective services. By paying specific attention to the foster care environment, Fostering Families' training is highly relevant for caseworkers and foster parents. Fostering Families is also unique because faculty and training staff receive regular input from foster parents and social services people who work daily to meet the needs of children in out-of-home placement. Thus, this training project continues to evolve because of the on-going training program.

Our goal is to create small group training experiences which offer new knowledge, concepts, ideas, and skills to improve (1) the foster care assessment and placement process, (2) the case planning, monitoring and supervising process, and, (3) the recruitment and retention of foster homes.

Foster parents and caseworkers are learning collaboratively in each session. Each module is designed to motivate participants to go beyond simple transmission of information to training opportunities created so that trainees can apply concepts either in role play situations, small group experiences, or through individual activities. Participants are also provided the opportunity in the training session to integrate their learning through discussion and group experiences. To achieve high accessibility for foster parents, training sessions are often held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural areas of the State.

This module, <u>Drinking, Drugs and Youth: Use and Abuse</u>, addresses the problems of substance use and abuse among youth around the years of 10 and up. We must understand the complex issues in this module both to improve our foster care recruitment and assessment process and further, to consider how we can respond to our role as caretakers for youth who come into out-of-home placements using and abusing substances. Workers will gain insights that can improve the case supervision and monitoring process in group and foster homes. Hopefully, some group home workers as well as families will learn ways to improving their parenting process so that youth in out-of-home placement experience more direct, effective dialogue around substance use and abuse.

FOSTERING FAMILIES

INTRODUCTION

This manual is written to provide information on the issues we have discussed. In addition, a pamphlet accompanies this module. This pamphlet was recently written by experts in the field for the public school system of Northern Colorado, Larimer County. We are pleased to be able to share in the utilization of this clearly written, extensive resource.

In the training session it is unlikely that all the information provided--the manual and the pamphlet, will be entirely addressed. We recommend trainees read these materials soon after the training session. We have been told that this helps greatly in gaining a full understanding of the issue at hand.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

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GLOSSARY OF KEY TERMS

NOTE: Many drugs and their effects are detailed in the accompanying pamphlet.

addiction or chemical dependency	**person has a pathological relationship with a substance (of choice) characterized by compulsion and obsession, loss of internal control(s), and continued use of substance(s) on a regular basis in spite of the negative consequences to daily functioning**
co-dependency	**a situation where family members loss their identity, and loss touch of their feelings, needs, and desires because of the addicted family member's neediness**
substance abuse	**excessive use of a substance such as alcohol, drugs, food, etc. which impairs a person physically, emotionally, and socially**

FOSTERING FAMILIES

LEARNING OBJECTIVES

1. **To improve the foster care recruitment and assessment process and gain an improved understanding of parenting youth who are experimenting with or abusing various forms of chemicals, participants will identify family rules and coping mechanisms with these young people.**

2. **Toward improving the assessment and treatment planning process, the training session will aid participants in understanding the characteristics of adolescent chemical use and abuse.**

3. **Toward improving the treatment planning process, this module will address the importance of community resources and treatment programs available in communities.**

4. **To reach greater effectiveness in foster care supervision and monitoring, participants will learn different ways of managing substance abusing adolescents.**

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MODULE SURVEY

Instructions: Please take a few minutes when the trainer begins the training session to respond to the following questions. These will help future training sessions and hopefully also give some insight to today's work.

1. Age (Circle One):
   18-25
   26-33
   34-40
   41-50
   over 50

2. Marital Status (Circle one):
   Married
   Single

3. Check all that apply:
   __ Caseworker
   __ Foster Parent
   __ Professional other than social services
   __ Other _____

4. County of Residence:
   _____

Answer the next 5 questions:	Yes	No	No Response
5. Do you live with a spouse who drinks alcohol on a regular basis?	___	___	___
6. Do you drink alcohol occasionally?	___	___	___
7. Have you ever had an alcohol or drug abuse problem?	___	___	___
8. Has someone in your immediate family or family of origin had a problem with alcohol or drugs?	___	___	___
9. Have you had foster children who had alcohol or drug problems?	___	___	___
10. Has a foster child left your home because of alcohol or substance abuse problems?	___	___	___

11. Indicate two areas that you would like to learn in attending a training on youth

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A LOOK AT ADOLESCENT SUBSTANCE USE & ABUSE

Lecturette #1

Drug, alcohol and chemical use are all activities that adolescents face. Some adolescents will experiment with mood-altering substances; others will not. By mid- or late-teens, some adolescents will be regular alcohol users, others will be frequent drug users. Still others will become what is called poly-substance users, meaning that they will use more than one substance on a regular basis. A small group of teens will become substance abusers. It is important to explore this continuum of substance use and abuse applying what we know to meet the needs of workers and parents in the foster care and substitute care community.

We should begin by acknowledging that even in the most ideal of circumstances, adolescence is a difficult and trying time experience for teenagers. Times are trying for those close to teens, particu-larly, the parents and adults in regular contact such as teachers and counselors.

During the "teen years" we know that these young people are challenged with a set of developmental requirements that are awesome. For example, teens meet their physical maturity, gaining a powerful set of hormones to "manage." The second major task of adolescence is the struggle to form a personal identity--selecting a set of values and standards from which to live their adult lives. Adolescents face choices and decisions that can have profound effects on their lives. One of these choices is the use of alcohol and drugs--mood altering substances.

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Lecturette #1 (Cont'd)

The "why's" of adolescent chemical use are infinite. Drug/alcohol use results from a complex interaction of genetic endowment, behavioral patterns, motives, and social, cultural, and psychological causes. Getting more specific, however, chemical use is promoted through peer groups, as well as through less conscious motivators such as "mimicking" family substance use patterns.

Reasons for use may be extremely complex or as simple as availability. (Archam-bault, 1989). Peer cultures may rein-force chemical use as a way of belonging. Chemical use is also a way of blocking pain, even if momentary. Drugs and alcohol in particular are available, affordable and constant.

According to several national surveys,

- ***81% of all adolescents use alcohol (Barnes et.al., 1986; Rachal,1982);**
- ***25% of these adolescents aged 12 to 18 are problem drinkers--impaired daily functioning (Hawthorne/Menzel, 1983;)**
- ***The University of Michigan's annual survey of high school seniors (1975-1981) showed an increased use for this age group compared with the youth population in general. The study found that 33.37% had used marijuana within the last 30 days, 3.9% had used cocaine, 10.2% had used stimulants, and 70% had used alcohol.**

The statistics go on and can be over-whelming. However, substance use does not necessarily lead to addiction and its devastating consequences. The movement along the continuum, as illustrated in Chart A, explores how far and how quickly one progresses.

There is so much to learn about the many different substances available to young people today. Some of these substances are very dangerous; others less so. All of these substances are addicting--"using becomes abusing," which means that the substance(s) becomes damaging to the body and the emotional and social well-being of the person. This manual includes an accompanying pamphlet which was prepared by the Poudre R-1 School District to inform parents, teachers, and teens about these substances.

Individual or Group Activity:

Examine Chart A. Discuss the stages of this continuum.

Individual or Group Activity:

Review the material in the accompanying pamphlet.

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CONTINUUM OF ADOLESCENT CHEMICAL USE

CHART A

LEVEL OF USE	IMPAIRMENT
Non-Use	None
Experimental	Minimal
Casual	Moderate
Problem Use	Serious
Dependence	Critical
Addiction	Life-threatening

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CHEMICAL DEPENDENCY 101

Alcoholism and drug addiction is a disease, it has its own symptoms and is describable like measles and diabetes. Different dimensions of the disease include the following:

A. PRIMARY DISEASE: Not a secondary symptom of something else.

B. PROGRESSIVE DISEASE: Gets progressively worse; person becomes physically, spiritually, emotionally, and psychologically ill.

C. CHRONIC DISEASE: No cure; relapse is part of disease. Once manifested there is no way to reverse the body's chemistry to enable one to drink or intake drugs safely.

D. FATAL DISEASE: The disease can only be arrested, put in remission; gone unchecked person will die or die from the associated addicted lifestyle. (falls, car wrecks, violence)

The continuum of use, the stage and rapidity, depends on the combination of the above mentioned factors. Also, like diabetes, chemical dependency is a multifactorial disease. The biopsycho-social model (Engel, 1977) illustrates the factors that add up to chemical dependency.

Chemical dependency is an equal opportunity disease, it transcends all socio-economic, cultural, racial, and demographic lines. The following are some risk factors to consider:

* **family history of alcoholism**
* **family history of criminality or anti-social behavior**
* **problems of parental direction or discipline**
* **parental drug use or parental attitudes approving use**
* **peer group use, friends and siblings**
* **learning difficulties, unsuccessful school experiences**
* **social isolation and alienation**
* **significant low self-esteem**
* **anti-social behavior during early adolescence**
* **poor impulse control, inability to delay gratification**
* **age of first use, early experimentation pre 11-14**
* **history of emotional, physical, and/or sexual abuse**

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SIGNS OF ADOLESCENT SUBSTANCE ABUSE

Lecturette #2

The factors that seem to provide some indicators of substance abuse are not precise. Yet, over and over, experts indicate three factors to consider. Chart B reviews these factors which are as follows:

*the teen's peer group

*the biological family history of alcoholism or addictions (genetic predisposition)

*the teen's overall self-esteem and personal functioning

Substance abuse is a disease of denial. Those around the afflicted person don't want to believe it either and often cover up for the person. The dynamics of denial are insidious. There is a subconscious mechanism that tries to protect family members from the unpleasant truth. So family members tend to rationalize and minimize the problem, "he's not that bad."

Even with all the various factors present it is still difficult to assess abuse and use. Further, it is very difficult to differentiate between substance abuse and chemical dependence.

Individual or Group Activity:

Examine Chart B "Possible Indicators of Substance Abuse."

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POSSIBLE INDICATORS OF SUBSTANCE ABUSE

CHART B

The following are possible indicators that a young person or adolescent is experiencing substance abuse problems:

Personal Changes:

* emotional highs and lows
* sleeping more than usual
* change to poor physical hygiene
* extreme secretiveness
* isolates self extensively (spends excessive time in room)
* selling possessions ("losing" valuables)
* drastic weight change
* short temper, defensiveness
* legal problems (arrests, probation, convictions)
* coming home drunk or high
* drug paraphernalia
* defiance of rules and regulations

Related to School:

* quick drop in grades
* calls from school (absenteeism, behavior problems)

Related to Peers and Socialization:

* change in circle of friends
* frustration or giving in to peer pressure
* excuses for staying out late
* more sexually active
* excessive party attendance

Directed at Self or Family:

* withdrawing from family functions
* intercepting the mail
* things missing (money, prescription drugs)

Dependency has been described as a pathological relationship with a mood altering substance, characterized by compulsion/obsession, loss of control, and continued use in spite of negative consequences.

PHYSICAL COMPULSION: urge to drink, craving to use, overwhelming idea to "smoke a joint on the way to school," the body's bio-chemistry saying "I'm thirsty"

MENTAL OBSESSION: planning life around use, avoiding non-using events, planning on Weds. how to obtain supply for weekend, distracted at school, can't wait for a break to go use, "thinkin' 'bout drinkin'"

LOSS OF CONTROL: using/drinking when you planned not to, drinking/using more than you planned to, and/or doing things under the influence that you never planned to, the inability to predict or control use

CONTINUED USE IN SPITE OF NEGATIVE CONSEQUENCES: "I'll never do that again" anywhere from using again after a bad hangover or doing embarrassing things under the influence to using again after suspension, being kicked out of the house, being arrested, having a best friend overdose, etc.

Individual or Group Activity:

Do Exercises #1 and #2.

FOSTERING FAMILIES

"LIKE FATHER; LIKE SON"
A CASE STUDY

Exercise #1

Instructions:

Read the case on the next two pages about Tim and his foster family. Then form small groups of approximately 3 or 4 people. Review the case story so everyone is clear on the details.

Discuss the following questions:

1. **How typical is this story among families with young teens? Have any members of the group experienced similar types of situation(s)?**

2. **What did Mary need in order to succeed at earlier points in addressing Tim's drinking behavior?**

3. **How could the foster family use the social services worker in order to address Tim's substance use earlier on?**

FOSTERING FAMILIES

"LIKE FATHER; LIKE SON"
A CASE STUDY

The Stanton family has fostered Tim since he was 8 years old. Tim's mother has not been involved with the foster home for several years now. Tim is in long term foster placement. He is growing up with two other foster children and one birth child. Tim is the oldest of the children. Tim had never been a problem as a foster child. He was always well behaved and quiet. He was shy and was teased by other kids because he was always tall for his age. He had difficulty with reading and consequently, did not do well in school. Tim enjoyed playing sports, and in the seventh grade, he made the footfall and basketball team in school. The other kids seem to follow Tim around when they have unstructured time.

Mary first found empty beer cans in Tim's room when he was 12 years old. She believed he was collecting cans. In the next year, she periodically found hidden beer cans in Tim's room but dismissed these as part of the "collection." Mary had an uneasy feeling that something was wrong but she kept telling herself she was too suspicious. She was afraid to tell her husband, John, because she thought he would only blow up and ridicule her for making something out of nothing.

On Tim's 13th birthday, Mary came home early from work to find Tim and several of his friends drinking beer. She blew up and told his friends to leave. She confronted Tim, but he yelled at her to "chill out." He retreated into his room. When John came home, Mary told him what had happened. He laughed at her and told her that it was the kid's birthday so what was the big deal.

Mary felt helpless. John drank a lot himself, and he had even given Tim beer to drink when he was younger. There was always a supply of beer, wine, and hard liquor in the house. Mary decided there was little she could do so she went ahead with Tim's birthday dinner. Nothing more was mentioned about the incident.

Several months after the birthday incident, Tim came home after a basketball game smelling of alcohol and staggering. Mary asked him if he had been drinking. He swore at her to "leave him alone." John told Tim to go to bed. He told Mary to get off Tim's case. Mary was furious but sunk into silence.

During the next year, Tim's behaviors changed even more. Tim broke curfew frequently. He started smoking (secretly in the bathroom because smoking was forbidden in the house). He dropped his childhood friends and began hanging around with a rougher crowd. He would come home drunk one or two weekends a month. One night Mary found him passed out in the bathroom. Mary and John put him to bed, and Mary told John that it was time they did something about Tim's drinking. John told Mary that Tim was just a normal teenager who was having some fun. Mary argued with John that there was more to it, but he would not listen.

For Tim's fifteen birthday, John brought Tim a car against protests from Mary. Mary was sure this would lead to a disaster, but John would not listen to reason.

Soon after, Mary started getting failing notices from Tim's teachers. Upon checking with the school, Mary found that Tim was often late to class, that he was not doing his homework, and that he was missing school frequently. She also learned that he had not made the basketball team that year. She was devastated. She decided to confront Tim when she knew he had not been drinking, and she was going to take his car keys away. He stormed at her that she had no right to take his car because it was a present from his Dad. He ran out.

When Mary told John that evening about what was going on, he became very angry at her and would not back her up with the proposed discipline. He told her she was over reacting! He agreed to talk to Tim about school but he saw no reason to take away his car.

Several nights later, Mary and John received a call from the police saying Tim had been arrested for illegal consumption and possession of marijuana and drinking as a minor. Mary thought that Tim needed to stay in jail overnight but John rushed down to bail him out. Tim was very quiet when he got home. He refused to talk to Mary. He shut himself in his room. Mary looked at John and asked him if he were ready to admit Tim needed help. John glared at her and went to bed.

"LIKE FATHER; LIKE SON"
A CASE STUDY

At the court hearing, Tim was put on probation. As part of the probation, he was to be home each evening by 7:00. He obeyed for the first week but then started sneaking out. Mary began missing money from her purse, and one day discovered her mother's wedding ring was missing. She confronted Tim, and he laughed at her, telling her she was crazy. She decided to call his probation officer the next day. She did not have to make the call because the probation officer called her that night. Tim had been arrested for petty larceny, illegal consumption, and breaking probation. He and his friends had been caught stealing beer from a convenience store. The probation officer told Mary that Tim had a problem with alcohol and needed help. Mary agreed with him and promised to call a rehabilitation center the next day. She told him to keep Tim in jail until admission to a rehabilitation center was arranged.

John came home later that night drunk. Mary waited until morning to tell him of the happenings of the night before. At first, he was furious but when he heard it was either jail or a rehabilitation center for Tim, he reluctantly agreed on the rehabilitation center.

FOSTERING FAMILIES

CRITICAL INCIDENTS

Exercise #2

Instructions:

Read each of these incidents or have role play these situations. In small groups (3-4 members) discuss these questions.

1) **Does the situation represent an issue of "normal" use or abuse?**

2) **What should foster parents do to deal with these young people?**

1. **John is 15 years old. He has been smoking in the bathroom and in his bedroom at night. He has become more secretive and his grades are falling off. You don't like some of the new friends he has made. He has broken your curfew twice and came in one night drunk.**

2. **Jessica is 17. Six months ago, she was placed in the Sunshine Group Home for Girls. She has never used any cigarettes or alcohol. She is very quiet, keeps to herself a lot, and doesn't appear to have any friends. She is doing very well in terms of grades, but does not appear to be at all happy in her life. Whenever she comes home from school, she has a large diet Coke which she bought at the 7-13 convenience store.**

3. **Paul is 16. He has been in your home for more than a year. He is outgoing and up until recently has been heavily involved in sports. He plays a horn in a local jazz group who practice in your garage. Recently, the group has gotten into a lot of heavy metal listening, and Paul has decided that the group means more to him than sports. He dropped off the track team.**

4. **Debby is 15. She is often rude and reckless. She resents any intrusion into her room. She smokes pot but not at home, and she knows that you know she smokes. She has recently started going out with a high school senior which concerns you. She has never broken curfew. Her grades have nose dived. She is not spending time doing homework. She appears distracted most of the time.**

FOSTERING FAMILIES

ABUSING FAMILIES CREATE TRAUMA FOR CHILDREN: CO-DEPENDENCY

Lecturette #3

It was stated earlier that life with a chemically dependent family member can feel very unsatisfying and crazy. These feelings may be unfamiliar for foster families. Yet, for many children moved to out-of-home placements, this set of life patterns is what has been "normal" for how ever many years old they are at present. These children have experienced life as chaotic, traumatic, and, usually neglectful. The family has lived with great attention paid to the abusing family member, at the expense of the children. Neglect is one result of growing up in an abusing home. Many children also experience physical abuse during the out-of-control "high" moments. These events are traumatic, thus, the trauma masks the pain and fear.

Middleton-Moz and Dwinell (1986) indicate that the trauma of living in an addicted family places at least three burdens on youngsters. These are

1) the repeated experience of the trauma itself

2) the effects of the trauma on the personality development of the child(ren)

3) the need to re-visit the trauma to work through it.

Although the term codependency has be popularized, the concept of codependence and the work of the Adult Children of Alcoholics (ACA) has helped explain many of the "living" problems experienced by people who grew up in alcoholic and chemically dependent homes. ACA groups have helped people recognize their insidious dysfunctional living patterns as related to the difficult life situations from which they emerged.

The following are some symptoms of Adult Children of Alcoholics. These symptoms may help foster parents who find certain behaviors getting in the way of meeting the challenges of a chemically dependent teen. These symptoms include

* **Difficulty with close relationships**
* **Poor self-esteem/self-concept**
* **Difficulty with authority figures such as bosses, teachers**
* **Fearful, insecure, anxious**
* **Fearful of abandonment and rejection**
* **Mistrusting**
* **Either super-responsible or super-irresponsible**
* **Extreme mood swings**
* **Psychosomatic symptoms such as allergies, hypochondria, hypoglycemia, eating disorders, accident prone**
* **Obsessive-compulsive behavior with work, food, thoughts, exercise, relationships**
* **People pleasers**
* **Depressed**
* **Needy of others**
* **Self-isolating**
* **Find themselves in victim positions**

FOSTERING FAMILIES

Lecturette #3 (Cont'd)

An ACA group can be very helpful for teens who have chemical abuse family backgrounds. There are books and articles for teens to explore on their own as well as workshops and evening talks at schools and in the community.

Summary

Foster children who experience family life as abusive, neglectful and devoid of the warmth, predictability and love that healthy families know, need much help in changing their life-patterns. Foster parents who recognize the benefit of co-dependency treatment programs can provide important help to foster children.

FOSTERING FAMILIES

RESPONSES FOR FOSTER CARE: TREATMENT PLANNING & FOSTER PARENTING

Lecturette #4

Both caseworkers and foster parents must respond to the needs of chemically abusing foster children. It appears from experienced foster parents that those foster parents dealing with this age group are dealing with issues of sub-stance use and abuse in at least 50% of the teens they serve. Professional drug and alcohol counselors report report that 75% of the foster children they serve have drug and alcohol problems.

Youth coming from abusing families are more prone to substance abusing behaviors themselves as well as living in ways that do not meet their needs. This is a major problem in serving the adolescent placed in out-of-home situations. There are various strategies involved in dealing with "normal" users and those suffering major abuse.

The essential question posed by a number of foster parents is what can I "control" and "what can I not control?" Let's respond with a few general statements.

First, foster parents control the rules in their own homes.

Second, foster parents are responsible and liable for what occurs in their homes.

Third, there will abstinence in the household, not only because of the incipient peril of abuse, but because both alcohol and other drug use is clearly illegal for minors.

FOSTERING FAMILIES

Lecturette #4 (Cont'd)

Fourth, foster parents, because they serve as role models must be responsible in their own use of any substance.

Fifth, foster parents who are recovering users are in the best position to deal with teens struggling with the abusing issues, and efforts should be made to provide such matches.

Sixth, since foster parents are liable for what transpires in their homes, the generalized rules of privacy do not hold. Foster parents are responsible to search to see if specific materials which are evidence of substance abuse are present, (e.g. roach clips, hidden alcohol, cultist items, white out and other resources for sniffing as examples).

It should be remembered, however, that not every child who smokes cigarettes or steals a beer or two from the refrigerator to drink with his/her friends will become an alcoholic/addict. The average teen sees chemical use as a part of growing up, something to do, a rite of passage. For the relatively healthy teen who is in the experimental stage of using alcohol or drugs, education, prevention, resilience and refusal skills, and teaching responsi-bility may be all that's needed to divert one from the path of heavy use and abuse.

For the experimenting teen an atmosphere of support and open communication sets the stage for honest discussion around sex, drugs, survival, values, etc. One might be tempted to even teach respon-sible use, knowing that the majority of teens will at one time at least try substances. The concern though is this may be effective for that healthy individual, yet less so for troubled teens from homes with histories of sub-stance use and abuse.

FOSTERING FAMILIES

Lecturette #4 (Cont'd)

A defensive parenting stance includes clear consistent limits especially around chemical use. Foster parents agree that an essential rule in every foster home, is abstinence from all chemical use, with the possible exception of cigarettes, although this is also questionable. It is clear that foster parents may not aequire cigarettes for minors. There are resources available such as Dr. Thomas Gordon's Parent Effectiveness Training, the work of Dreikurs, family contracting, teaching refusal skills, etc. that can help. (please refer to resource list; also the guide, etc.)

Since foster children may be at greater risk for chemical dependency, education around the dynamics of addiction, the high risk factors, and the consequences can help the teen make a more informed decision around chemical use.

An entire field of study is devoted to the dynamics of chemical dependency and the family. The work of Claudia Black (refer to "Suggested Resources" toward the end of manual) can be helpful not only in understanding the teen but adults and families as well. Dr. Black talks about the "don't talk, don't trust, don't feel" rules of dysfunctional families.
The following information on commun-ication can be important in breaking that powerful first rule.

One of the best tools for prevention, coping and dealing with adolescent substance abuse is an atmosphere of open communication. This may sound easier said than done as "teenager" and "open communication" can seem "incompatiable" terms. A family norm of being able to express oneself without fear of recrimination takes a significant amount of trust that develops over time.

Although it's not easy, what you want to achieve is an atmosphere of mutual respect, by talking, and listening. The suggestions in Chart C and D may be helpful.

Individual or Group Activity:

Review Chart C and Chart D.

FOSTERING FAMILIES

Lecturette #4 (Cont'd)

Two valuable resources are Families Anonymous (or Alanon) and Tough Love.
Tough Love

If your child is already using drugs or alcohol destructively, you might want to consider a support group designed specifically for parents with troubled, drug-using children.

Tough Love is one of the most widely known parent support groups. More than 1,500 such groups are at work throughout the U.S. and Canada. Tough Love is based on an action program with clear-cut consequences for unacceptable behavior. You will find ardent supporters of this approach, and, also harsh critics. The only way to tell if it is for you is to read Tough Love literature and attend some meetings.

Families Anonymous

Families Anonymous is another group that helps parents feel more powerful and take a firm stand. Although parents cannot keep their child from using drugs, they can learn to avoid standing in the way of their child's recovery from the illness. They can be helped to let the child take more responsibility for what happens to him, yet, realistically, parents cannot walk away from the child's problems.

FOSTERING FAMILIES

CONTINUUM OF ADOLESCENT CHEMICAL USE

CHART C

Level of Use	Parental Response
Non-Use	Support & Understanding reasons why and difficulties experienced by youth in maintaining non-use
Experimental	Gain clarity on drugs of choice and methods of use. Understanding why. Communication re potential plusses and problems.
Casual	Clarify illegal aspects. Clarify need and patterns. Watch for increase and clear household rules.
Problem Use	Clarify consequences, and make sure youth experiences them. Utilize consultation. Recognize this is Red flag if behavior does not change.
Dependence	Be sure you recognize it, as it will be hidden. Get help. Use all possible referrals. Your adolescent is seriously in need of professional and/or self help care
Addiction	Depending on the drug of choice inpatient or outpatient help is essential. Pull out every stop!

FOSTERING FAMILIES

THE "DO'S"

Chart D

LISTEN TO YOUR CHILD

"Active listening" (interested, engaged listening) is required; "Active responding" (reflecting back the underlying meaning) is critical! Listen for feelings.

LISTEN FOR WHAT IS NOT SAID

When a young person talks about a friend in trouble or having a hard time in school, be alert to the possibility that the difficulties may be theirs.

LISTEN TO YOURSELF--LISTEN TO YOUR DIALOGUE

Listen to your tone of voice, how you talk and what you say. Do you say what you mean? the way you intend it to be heard? Do you sound annoyed, rushed, angry, disapproving? Are you complaining over and over, not demonstrating your problem-solving capabilities?

LISTEN TO THE WAY THE ADULTS IN THE FAMILY TALK

Some parents never say more than "What's for dinner?" to each other, or, adults communicate in angry outbursts. Adults must model expected behaviors if they expect to see an acceptable communication style from their teen.

SPEND LISTENING TIME WITH EACH CHILD EACH DAY

Talk to your teen without interruptions and other distractions (phone, etc.). Ten quiet minutes alone is a true "gift!"

EXPECT REQUESTS TO TALK AT INOPPORTUNE TIMES

If your teenager approaches you to talk at an inopportune time be careful not to turn her/him off with a "not now I'm busy." Instead set up a specific time as soon as possible. You can say, for example, "I have to go to this doctor's appointment, but how about later this afternoon, just before dinner?"

FOSTERING FAMILIES

THE "DO'S"

Chart D (Cont'd)

BE ALERT TO NON-VERBAL CUES

Be sensitive to nonverbal clues that they your teen needs to talk to you.

BE KNOWLEDGEABLE BY PREPARING YOURSELF

When you need to cover a sensitive subject, it is not something to stumble through. Go to the library and get appropriate books and magazines to prepare yourself. Learn the facts. Offer specific facts, not emotional scary statements, that are possibly not true. Be credible. Consider the information in terms of age-appropriate information for your child.

MEAN WHAT YOU SAY

Be decisive and consistent. Its all right to change your mind, but let the child know why and stick by your decision if you feel it is important, no matter how much you are pushed.

GIVE COMPLIMENTS AND HUGS AS WELL AS CRITICISM

Genuine praise and expressions of caring and love and emotional and physical warmth go a long way toward building a healthy self concept. Positive reinforcement has been proven time and again as the best means of increasing desirable behavior, and a positive self-esteem is a resilience factor in preventing substance abuse.

REVIVE THE OLD CUSTOM OF FAMILY MEALS

or have any set time that the family gets together on a regular basis.

FOSTERING FAMILIES

THE "DON'TS"

Chart D (Cont'd)

FREEZE UP OR DEFLECT UNCOMFORTABLE TOPICS

Let your children tell you their opinions on politics or their attitudes on sexual responsibility, and listen respectfully, even if you disagree. Help your kids to realize that they can talk about things that make them, or you, afraid, angry, confused, and ashamed. Let them know that you understand their feelings.

GIVE LECTURES

Sentences that start with "When I was a kid we never..." or "In our family we don't ..." will never lead to confidences. An air of self-righteousness is usually a turn-off.

USE RIDICULE

The clothes, music, and language youngsters are attached to may seem bizarre to you, but for children they are an important part of "belonging."

OVERREACT

Your children know you, they know what to say to make you lose your temper and they know what placates you. Know yourself well enough to not let them "push your buttons"

AVOID SARCASM AND DON'T TRY AND BE "COOL"

Be genuine with your teenager and they will be genuine with you, know one can spot a phoney better than a teen.

FOSTERING FAMILIES

SOME INFORMATION ABOUT SUBSTANCE ABUSE TREATMENT & RECOVERY

Lecturette #5

Even with all the best efforts of workers and foster homes, some foster teens will go beyond experimentation and casual use of alcohol. Like any committed care-taker, you are deeply hurt, disappointed, and probably scared, too!

Remember, the first message to all parents and family members is

"do not blame yourself!"

The second message is

"get support and help!"

Often when we are involved with someone in the throws of an addiction it feels like our lives have been plunged in to chaos, turned upside down. It also seems as if we are the only one who cares; we are doing all the work. The teen may be the one with the problem but those that are around him/her feel the problem and desperately need "answers" and support.

For foster children,

***the selection of treatment programs, the financing for services, and the ultimate decision for what kind of treatment are all decisions that rest with the County Department of Social Services--the caseworker and any others who are part of the treatment planning team.**

***the recovery work is doubly difficult because the family-of-origin work is harder to accomplish, especially when families are so often broken by many tragedies, not just the one child in out-of-home placement.**

***teens may be placed in group homes or other facilities which have their own "treatment-oriented" program. Thus, teens who are abusing substances may be minimally addressed in a group home setting. And, when the abusing teen is "discovered" this often means the removal of the teen from the group home. This is difficult for everyone.**

***we must address the shrinking source of revenue with which to pay for treatment for these youth. As county social service agencies have fewer dollars to spread among more and more troubled youth and families, who will actually be funded is really unknown.**

These issues as they stand, we will address treatment for teenagers, then, provide general descriptions of programs.

Treatment Programs for Youth

There are programs and support resources in most communities for treatment of youth chemical abuse and dependency. In larger communities, the goal for workers and foster parents may be to sort through all that's available.

The first step is

***to get accurate information about available programs. One can consult the yellow pages under Alcoholism or Alcohol Treatment or speak to a counselor at a substance treatment center. Also Community Services directories exist in most communities and list alcohol or drug abuse programs. Perhaps a physician is knowledgeable and he/she may be a good resource for deciding the course of treatment. The state of Colorado Health Department, Division of Alcohol and Drug Abuse publishes a directory of licensed treatment facilities, delineating between inpatient, outpatient, detox, public, and private facilities.**

A major deciding factor is availability or insurance or other form of payment for treatment services. Certain private insurance companies have preferred providers of drug/alcohol treatment, and managed care plans. If private insurance is an option, consult with them. There are some partially funded state facilities, and some that accept medicaid.

The second step is to recognize the basic types of recovery programs:

***Regardless, there are basically three forms of treatment that one may consider.**

—inpatient treatment

—outpatient treatment

—long term residential treatment

FOSTERING FAMILIES

Lecturette #5 (Cont'd)

Inpatient Treatment Programs

Although insurance is reluctant to underwrite the costs of inpatient treatment, there are distinct advantages especially with high risk chemically dependent teens.

These advantages are as follows:

***a locked unit is extremely effective in limiting access from the outside and insuring a drug/free environment**

***decreases the risk of running**

***provides separation from drugs at school and the enabling of family systems**
***increases the patient's participation in the treatment process**
***intensity of treatment is enhanced**
***inpatient, protected environments make a statement about the seriousness and severity of the disease**

For the most part adolescent treatment centers have more in common than they are dissimilar. The key ingredients include the following:

*** individual therapy**
*** family therapy**
*** education**
*** small group therapy**
*** leisure/recreation assessment and therapy**
*** holistic, interdisciplinary approach**

FOSTERING FAMILIES

Lecturette #5 (Cont'd)

A key phrase in adolescent substance abuse recovery programs is a peer group that says "It's cool to be clean." Often this attitude will develop on an in-patient treatment unit and can carry over into the teens post treatment lifestyle with solid aftercare follow up.

Smith and Margolis make the observation that peer pressure is the No. 1 influence on adolescents and as such it is critically important to maintain a positive atmosphere in the unit and create positive peer pressure towards recovery.

Treatment specialists also suggest that a medical model is of paramount importance to ensure successful outcome. We need to recognize that chemical dependency is a disease. If one approaches an individual with an alcohol/drug problem from a moral or simply behavioral stance the chances for success are slim, as acceptance is a critical key to recovery.

What is essential in adolescence chemical treatment is that medical back up is essential since adolescents get sicker quicker and with more serious results than older abusers.

As noted in a recent article by Dr.'s Smith and Margolis of Ridgeview Institute in Georgia, adolescent dynamics are such that treatment is more long-term and intensive than adult treatment. The following are some basic goals of treatment, stabilization, habilitation, and the development of a 12 step program of recovery.

Outpatient Treatment Services

If the teen in question is in early stage chemical dependency, if inpatient treatment is needed, or not possible we may consider outpatient treatment services. Several types of services exist. These include

*** intensive daycare or partial hospitalization. A day program can serve as a transition from inpatient to the return to community.**

Day treatment programs allow the person to incorporate the recovery program into their daily lifestyle. Or if the teen is in early stages of chemical dependence outpatient as primary treatment may be warranted. Outpatient programs of this kind usually consider young people who are abusing chemicals, yet are non-psychotic, nor excessively violent or combative.

*** programs which incorporate a therapy approach with a rehabilitation/career component**

*** programs which incorporate a school and treatment program where the youth have school tutoring programs, group therapy for recovery, and preferably some work available for the entire family**

*** programs which provide only the treatment components and require students to be enrolled in school or work**

*** programs which focus on and require all the family to be involved in the outpatient treatment including groups and family sessions**

FOSTERING FAMILIES

Lecturette #5 (Cont'd)

The literature on adolescent chemical dependence treatment makes the following suggestions when considering an outpatient program:

*** get a comprehensive assessment to determine placement appropriateness**
*** look for flexible and individualized services**
*** use a 12-step recovery-oriented model**
*** consider a strong family program**
*** see if the facility has differentiated levels of care**
*** a drug-free environment**

Aftercare Programs

Whether a teen has been involved in an inpatient or outpatient care program, a big key to the overall success of the treatment is the after-care and follow up. A strong connection with the recovering community is crucial. Some programs which should be sought out include Young Peoples AA/NA, sober peer in AA, the treatment unit after-care group(s) from the facilities where the teen received treatment.

Families should also consider aftercare programs to maintain gains made for all the members and to support the on-going struggles that emerge from changing life-style patterns. Clearly, it is no easy task to learn to live differently than what the years previously handed the teen or the family members.

Long-term or Therapeutic Communities

Therapeutic communities provide long-term residential treatment, anywhere from 6 months to 2 years. This setting is very effective with a certain population. If the young person has been unsuccessful in inpatient or outpatient settings or has significant developmental problems, a therapeutic community may be necessary. In other words if the teen missed a lot growing up for whatever reason, a long term setting can re-address those major developmental issues through a structured intensive treatment setting.

Therapeutic communities are primarily in the business of *habilitation* versus rehabilitation. Sophisticated treatment techniques such as confrontational techniques and positive peer pressure with a re-creation of a strict but supportive family are used. Daily living is highly structured and infused with mutual self-help, public criticism, and self-criticism. The idea is recognized that these individuals have been torn down enough by circumstances and staff focus on letting go of destructive defenses and "masks." Some of the better known therapeutic communities include Daytop Village, Phoenix House, Odyssey House, and Cenikor or Synergy here in Colorado.

When you consider a therapeutic community some recommendations include:

* **When finding out about the facility, ask questions at the facility and in the community in which it operates. What do people say about it? What do they think of the youngsters who go there?**

* **Do not sign anything unless you are absolutely sure the program is right.**

* **Consider payment issues carefully.**

* **Be wary if the common prohibition against parent-child contact goes on for more than the first month. Isolation from the family and friends is often called for in the early phase of treatment, but reintegration into the family is usually one of the goals of later phases.**

WILDERNESS THERAPY

In addition to the above mentioned treatment modalities, there are some programs available that combine an Outward Bound type experience with chemical dependency treatment. The Outward Bound program itself has an excellent behavioral health department with various outdoor programs for chemically dependent teens. Often a 3 or 4 day Outward Bound experience will be added onto a traditional inpatient stay.

FOSTERING FAMILIES

Lecturette #5 (Cont'd)

The experiential nature of a wilderness experience can solidify the recovery concepts such as "one day at a time" and "only you can do it, but you can't do it alone." Wilderness programs teach leadership skills and can be valuable in the development of personal and relationship trust.

Wilderness treatment programs have become popular and may be helpful for teens that have had problems in more traditional settings. Youth with learning may gain in the experiential process and actually be a more effective way to process information and create positive changes. For more information consult with the Colorado Outward Bound School in Denver.

FOSTERING FAMILIES

ASSIGNMENT FOR PARTIAL CREDIT

Instructions:

The goal of this homework assignment is to familiarize foster parents and workers with the important resources available in the community for substance abusing teens. The worksheet that is on the next page should be sent to the university within two or three weeks of attending this training session.

To complete the worksheet, you will need to locate one support group program for recovering teens and one treatment program--inpatient or outpatient. Make an appointment to visit the one treatment program. Complete the questions on the worksheet related to that visit. Then, talk with someone who can provide basic information about the teen support program.

FOSTERING FAMILIES

WORKSHEET

Fill in responses to the following questions based on your visit to a teen substance abuse treatment program. Use the back of the sheet or attach additional sheets if necessary.

1. **What are the services provided to the teen and the family?**

2. **How would the facility involve the foster care worker and foster family?**

3. **What are the average daily costs for teens? How must services be paid?**

4. **What is your overall opinion about the program?**

Fill in response to the following questions about the teen support program in your community.

1. **What is the support program offered to teens?**

2. **How do teens and their families find out about the program?**

3. **How do teens get involved? Are there specific requirements that the teen has to meet?**

4. **How many teens are involved in the support group at this time?**

5. **What are the costs, if any, to the teen?**

Please mail to:
Dr. Mona Schatz
Fostering Families
Colorado State University
Ft. Collins, C0 80523

FOSTERING FAMILIES

KEY POINTS IN THIS MODULE

1. **To improve our ability to assess place the teen needing out-of-home placement, we must consider the substance use and abuse behavior of that teen. A continuum of use and abuse provides a framework for assessment purposes.**

2. **A set of possible indicators of substance misuse and abuse can help workers and foster parents identify the problematic often hidden behavior of the teen who is using substances in greater and greater quantities.**

3. **To increase the success of treatment for the abusing teen, workers and foster parents should thoroughly examine the potential treatment program and make sure that the program will fit the teen's needs.**

4. **For foster parents an workers, the only parenting stance for teens is the promotion of and expecta-tion for abstinence from all substance use.**

5. **The county departments of social services must explore the costs and program requirements for treatment to be provided to teens, and, the department is also select the most appropriate treatment program for the teen.**

6. **To increase the success of treatment for the abusing teen, the family should be involved in the teen's treatment program.**

7. **To better support the monitoring of the recovering teen in out-of-home placement, the caseworker must work closely with the placement situation whether that is a group home, foster home, independent living program, or residential child care treatment facility.**

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW_ _ _ _-_ _ _

Name: _____ **Social Security #:**_____

Address: _____ **Phone:** _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

DRINKING, DRUGS, AND YOUTH USE AND ABUSE

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressed				Very Well Addressed
1.	To improve foster care recruitment and assessment process and gain an improved understanding of parenting youth who are experimenting with or abusing various forms of chemicals, participants will identify family issues and coping mechanisms with these young people	1	2	3	4	5
2.	Toward improving the assessment and treatment planning process, the training session will aid participants in under-standing the characteristics of adolescent chemical use and abuse	1	2	3	4	5
3.	Toward improving the treatment planning process, this module will address the importance of community resources and treatment programs available in the community	1	2	3	4	5
4.	To reach greater effectiveness in foster care supervision and monitoring, participants will learn different ways of managing substance abusing adolescents	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual	1	2	3	4	5
3. Participant responsiveness	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns	1	2	3	4	5
5. Your interest in the training session	1	2	3	4	5
6. Your comprehension of the material presented	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter	1	2	3	4	5
2. Preparation	1	2	3	4	5
3. Ability to communicate	1	2	3	4	5
4. Style of presentation	1	2	3	4	5
5. Enthusiasm/interest in subject matter	1	2	3	4	5
6. Overall performance	1	2	3	4	5
7. Ability to facilitate	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation	1	2	3	4	5

COMMENTS: Please be specific:

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #_ _ _ _

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # _ _ _ _

2. Circle correct role: 1. worker 2. foster parent 3. Other_____
(please specify)

3. Date _ _ - _ _ - _ _

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Servoces and Private.
4. Indian/Tribal
5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?

1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years